

UTS TRAINING TIMES

First Steps

Volume 9 Issue 3

August 2013

What's New in First Steps....

The Division of Disability and Rehabilitative Services has announced several staff changes.



- Nicole Norvell was appointed DDRS Director, effective April 15, 2013.. Nicole previously served as Director of Special Education for the Indiana Department of Education.
- Dawn Downer has been appointed as DDRS - Chief of Staff.
- Cathy Robinson has returned as the First Steps Director. Cathy previously worked as a First Steps Consultant. In January 2013, Cathy left First Steps to become the DDRS Director of Special Education Services . She assumed her new role in May.
- Katie Potter was recently hired as the new First Steps Consultant. She joins Leslie Jones and Christina Madsen.
- You can stay abreast of program changes and announcements by signing up for DDRS email list at <https://public.govdelivery.com/accounts/INSTATE/subscriber/new>
- New FSCTs have been added. If you still need to complete your annual FSCT, check out the regional training, *Early Intervention in Child Care: The IACCRR Inclusion Specialist Can Help!* This training will be offered in South Bend, Indianapolis and Ferdinand and *Linking the AEPS to ISFP Outcomes, Goals, Strategies and Activities*, at Crossroads in Indianapolis.
- Coming soon....A revised online AEPS FSCT and a new look for the UTS website. Watch your email for announcements! Speaking of email—do we have your current email? Check your UTS Profile to make sure your information is correct.

Table of Contents:

UTS Training Overview	2
Using AT to Promote Early Literacy in Infants and Toddlers	4
A Few Words about Outcomes and Goals	13
At a Glance: Child and Family Outcomes	14
Relationship of Quality Practices to Child & Family Outcomes	18
Resource Round-Up	28



INDIANA'S UNIFIED TRAINING SYSTEM

“Creating Learning Opportunities for Families and Providers Supporting Young Children”

First Steps Enrollment and Credential Training Requirements

Provider Level - New	Training for Enrollment	Training for Initial Credential
Service Coordinator (Intake and Ongoing)	SC 101—SC Modules (self-study)	SC 102 within 3-6 months of employment date SC 103 within 6-9 months of employment date Quarterly (4) - Training Times Assessment (self-study) First Steps Core Training—one course per credential year (self study or on-site) 15 points for initial credential
Direct Service Provider	First Steps Orientation or DSP 101—Provider Orientation Course (self-study)	*DSP 102 - within 60 days of enrollment (on-site) *DSP 103 - within 3-6 months of enrollment (on-site) Quarterly (4) - Training Times Assessment (self-study) First Steps Core Training—one course per credential year (self study or on-site) 10 or 15 points for initial credential * timeline for completion has been revised, effective 07/12.
Provider Level - Credentialed	Training for Enrollment	Training for Annual Credential
Service Coordinator (Intake or Ongoing who has completed initial credential)	SC Orientation and Service Coordination Level 1 or SC 101 – SC Modules (self-study)	Quarterly (4) - Training Times Assessment (self-study) First Steps Core Training - one course per credential year (self study or on-site) 3 points for annual re-credential
Direct Service Provider (who has completed initial credential)	First Steps Orientation (on-site or self-study) or DSP 101 - Provider Orientation Course (self-study)	Quarterly (4) – Training Times Assessment (self-study) First Steps Core Training - one course per credential year (self study or on-site) 3 points for annual re-credential

Attention: New Providers and Service/Intake Coordinators

The Bureau of Child Development Services requires all providers and service coordinators to complete the quarterly *Training Times* assessment as part of your mandatory training requirements for credentialing.

New providers must establish an account on the UTS website (<http://www.utsprokids.org>) to register for UTS trainings. Obtaining an account is easy.

1. Click the Account Login in the upper right hand corner.
2. On the login page click on Create One Here
3. Enter your information (note that UTS Training Times is mailed to your primary address—you are encouraged to use your home address, especially if it is difficult to get personal mail at your workplace, e.g. hospital system). UTS does not give any of your training profile information to anyone outside of First Steps. The BCDS and UTS will periodically send you email updates regarding First Steps.
4. When all information has been entered click the Update Information.
5. Register for your annual training fee.

6. Once your payment has been posted, you can take the Training Times assessment, under My Quizzes.
7. If you have questions or encounter problems email Janice in the UTS Connect office at:
registration@utsprokids.org

Indiana First Steps
UTS Training Times
Ann Ruhmkorff, Editor
Tamara Hardin, ProKids Executive Director
Renee Jarboe, Training Manager
Betsy Ray, Training Coordinator
Mindy Dunn, Field Trainer
Janice Sams, Administrative Assistant

Published quarterly by Indiana's Unified Training System (UTS) - Programmatic Training at ProKids, Inc. 6923 Hillsdale Ct. Indianapolis, IN 46250. Indiana's Unified Training System (UTS) is funded through a grant from Indiana First Steps, Bureau of Child Development Services, Division of Developmental Disability and Rehabilitative Services, FSSA. Subscription fee is included as a part of the annual training fee for enrolled First Steps providers. Copies may be downloaded from the UTS ProKids web page.

Web Address: <http://www.utsprokids.org>

Email: Training questions training@utsprokids.org

Registration questions: registration@utsprokids.org

Service Coordinator Training Dates for 2012-2013

Service Coordination 102: All service coordinators must enroll and complete SC 102 3- 6 months after employment date. If you are unable to adhere to this timeline, you must request a training waiver. Email your request to training@utsprokids.org.

Tuesdays at ProKids, Inc. Indianapolis from 9-4pm
8/13/13 11/12/13

Service Coordination 103: All service coordinators must complete SC103 6-9 months after employment date. If you are unable to adhere to this timeline, you must request a training waiver. Email your request to training@utsprokids.org.

Tuesdays at ProKids, Inc. Indianapolis from 9-4pm
9/17/13 12/10/13

All Service Coordinators must register online for SC 102 and SC 103 at www.utsprokids.org.

DSP 102 and DSP 103 Provider Follow Up Orientation

All newly enrolled direct service providers (DSP) must complete DSP 102 and 103 within the **first 6 months of their enrollment**. DSP 101 is required for provider enrollment. DSP 102 must be completed within 60 days of provider enrollment and DSP 103 must be completed three to six months following the enrollment date. Completion dates for these courses must be documented on the Annual Attestation Statement and initial credential. Training dates for DSP 102 & 103 are listed below. These trainings are held at ProKids Inc. Since there are specific timelines for completion of DSP 102 and DSP103 that allow time for experience in the First Steps System, providers may NOT take both courses on the same day.

DSP 102 Dates	Time	DSP 103 Dates	Time
August 6, 2013	1:00-4:00PM	August 6, 2013	9:00-12:00PM
September 10, 2013	1:00-4:00PM	September 10, 2013	9:00-12:00PM
October 1, 2013	1:00-4:00PM	October 1, 2013	9:00-12:00PM
November 5, 2013	1:00-4:00PM	November 5, 2013	9:00-12:00PM
December 3, 2013	1:00-4:00PM	December 3, 2013	9:00-12:00PM

**THE AUGUST 2013 TRAINING TIMES ASSESSMENT
DEADLINE IS
11:59 PM (EDT) ON OCTOBER 31, 2013**



Additional Opportunities for Credential Points

Providers may utilize trainings (on-site and self-study) and conferences/workshops outside of UTS to meet their initial or annual credential points as long as the training is related to the First Step core competencies and it is relevant to infants through age 36 months. These may include training offered at the SPOE Provider Meetings, provider agency training, association conferences (APTA, ASHA, etc.), hospital based conferences or grand rounds, other local, regional and national conferences, and books, videos and online training. You must keep a copy of the agenda or brochure that includes date, speakers, an agenda/content information with the time spent in the sessions you attended or a one page summary of the self-study training in your credential file. **Recent changes to First Steps credentialing allow a maximum of 5 points for in-service training, while conferences/workshop taken outside of provider agencies is unlimited.** More information on credentialing can be found in the revised Personnel Guide (August 2012) at

[https://www.infirststeps.com/UI/pdfs/First Steps Personnel GuideRevised 8-2012.pdf](https://www.infirststeps.com/UI/pdfs/First_Steps_Personnel_GuideRevised_8-2012.pdf)



USING AT TO PROMOTE LITERACY IN INFANTS AND TODDLERS

Literacy is an ongoing process that begins at birth and develops throughout life. Infants and toddlers interact with the world to acquire the skills that will help them to eventually read, write, and communicate with others. These interactions may not occur easily for children with disabilities due to any number of limitations, such as restricted mobility, auditory or visual impairments, or difficulty using hands and arms. Luckily, AT can easily be used with literacy-promoting activities and routines to afford children with disabilities the same opportunities to develop these skills as typically developing children.



In This Issue

Early Characteristics of Literacy 1-2

Why Promote Literacy in Infants and Toddlers? 2

Incorporating Literacy into Activities 2-4

How to Use AT in Literacy-Promoting Activities 4-7

Useful Websites 8

Early Characteristics of Literacy

Preliteracy is a stage of development when infants learn about the form, content, and use of language and literacy through early experiences. Children may acquire many different developmental skills concurrently, providing them with the ability to explore and interact with their environments more fully. For example, as a child physically develops, he or she gains the ability to hold eye gaze, turn over, and crawl. These abilities allow the child to explore the environment and interact with caregivers more as he or she gets older. This ability to explore furthers the cognitive development by helping the child gain more knowledge of the environment through varied experiences. Increased knowledge increases the complexity of the child's understanding of events and sets the stage for literacy development.

Early Characteristics of Literacy (continued)

Emergent literacy is built from the initial preliteracy stage when a toddler or preschooler develops literacy skills that will eventually lead to reading, spelling, writing and generating words independently. Progress at this stage includes greater vocabulary comprehension, oral language development, story comprehension and retelling, the awareness that print has meaning, the relationship between letters and sounds, the relationship between the speech sounds children hear and the sound patterns in words in books, and the progression from scribbling to writing letters and familiar words. These experiences bring meaning to reading and writing.

Why Promote Literacy in Infants and Toddlers?



Developing the skills needed to eventually read and write is a gradual process for children. The more they explore and develop more complex concepts about the world around them, as well as the role of language and print in daily life, the better prepared children are to later integrate reading and writing into their own lives. Adults should facilitate activities for a child to develop the skills gained in the preliteracy and emergent literacy stages rather than directly teach these skills.

Strong early childhood home literacy environments include the regular use of books and writing materials, language and vocabulary learned through adult-child interactions, opportunities for children to learn about people and activities, and high parental expectations for child literacy. These types of environments have been linked to improved literacy skills later in life.

Literacy development is influenced by a child's interactions with adults, environmental characteristics, and cultural values and expectations for literacy. Unfortunately, children with disabilities may have limited opportunities to explore, interact with others, and read and write, and therefore, may not develop literacy skills. Light and Kelford Smith (1993)¹ reported that families of children with severe disabilities ranked literacy as a less important priority than functional skill development. Conversely, families of typically developing children ranked literacy as more important than functional skill sets.

Incorporating Literacy into Activities

Because children's abilities to listen, read, write, and communicate either through speech or AAC devices develop simultaneously it is important to embed these skills into different activities and routines throughout a child's day. The best way for children to develop vocabulary, cognitive skills, and a feel for the rhythm and pattern of speech is for adults to speak with them conversationally and read stories aloud. There are many more ways to do this than shared book reading with your child at story time. Adults can direct children's

¹Light, J., & Kelford-Smith, A. (1993). Home literacy experiences of preschoolers who use AAC systems and of their nondisabled peers. *Augmentative and Alternative Communication*, 9, 10-25.

Incorporating Literacy into Activities (continued)

attention to spoken words, speech sounds, rhyming sounds, printed words, and letter names. This section provides ideas for how literacy promotion may be included in routines already familiar to a child.

Model reading and writing often for your child, whether it be writing a shopping list or reading a menu, and say aloud what you are reading or writing. Show them what you are writing on or reading. Talk about what you are doing while you and your child are engaged in an activity or routine to help your child develop an awareness for the sound and rhythm of language. Have your child “write” or draw you a story, to reinforce that there is a connection between writing and telling a story. Point out rhymes and make initial consonant sounds of words more pronounced. For hearing impaired children, use sign language whenever possible. For visually impaired children, model reading Braille (even if you do not know how to actually read Braille) by using books with both Braille and print.

♦ *Example: Play*

Children’s blocks can be modified to have text and a picture, helping teach the child that the letters on the print correspond to the item in the picture. An example of these blocks may be seen below. Simply taping laminated photos and words onto the blocks adds another dimension to a child’s play. Older children may benefit from grouping similarly labeled blocks together to build more complex relationships between the concepts.



♦ *Example: Story time*

Actively involve a child in storybook reading and relate the story to a child’s interests and personal experiences. Ask children open-ended questions, provide or request explanations of a story, or make predictions about different aspects of a story. Keep in mind the child’s cognitive abilities and make sure the questions and relationships made are developmentally appropriate (Dunst, Williams, Trivette, Simkus, & Hamby, 2012)².

² Dunst, C. J., Williams, A. L., Trivette, C. M., Simkus, A., & Hamby, D. W. (2012). Relationships between inferential book reading strategies and young children’s language and literacy competence. *CELLreviews*, 5(10), 1-10. Available at http://www.earlyliteracylearning.org/cellreviews/cellreviews_v5_n10.pdf

Activities to Promote Literacy (continued)

Once your child is familiar with a story have him or her retell the story in their own words. You may also have your child make up a story based on the illustrations in an unfamiliar book or label parts of a picture in a familiar book.

Shared reading can be difficult for some children and families. To keep your child engaged during story time have them reenact parts of the story. For example, "From Head to Toe" by Eric Carle describes something an animal does, then asks if the child can do it: "I am a monkey and I can wave my arms. Can you do it?" Being interactive keeps a child who may not normally sit still for story time interested in the activity.



♦ Example: Running Errands

When out with your child take the opportunity to narrate where you are going and what you will do when you get there. Have them participate in any way possible, whether it be giving them the shopping list to hold while at the grocery store (to grasp the connection between print and objects), or read a menu at a restaurant.

How to Use AT in Literacy-Promoting Activities

For an AT device to be effective, children must find it to be motivating and engaging. Otherwise, the device is much more likely to be abandoned. AT is easily integrated into existing activities and routines to promote literacy development in children with disabilities. This section describes how some AT devices can be used to help children with disabilities participate more fully in literacy-promoting activities and routines.

- Some children may prefer to sit in a parent's lap during shared book reading but others may require the use of positioning devices. Similarly, AAC and communication boards may be used for children to respond to adults' questions and identify key words in the story. Children can use the devices to more fully participate in literacy-promoting activities.
- Each page of a book can be recreated on a computer to contain graphics, sounds, and movements that go along with the words. There are also websites ([1](#), [2](#), [3](#)) that host different books online with illustrations and text that allow children to move from page to page with the click of a mouse. There are also many iPad apps that recreate famous children's books, a list of which can be found at <http://digitalmediadiet.com/?p=1645>.



How to Use AT in Literacy-Promoting Activities (continued)

- ♦ A slant board helps keep a book upright for a child. To make your own, hot glue felt or microfiber to the cover of a 3-ring binder or large piece of cardboard. The size of the binder or cardboard depends on how slanted you would like for the board to be. Then, attach a single piece of Velcro to the back cover of each of your child's books. The book can be stuck to the board's fabric with the Velcro to keep it in place. To use the slant board for drawing or writing, affix a clipboard to the fabric also by using Velcro, or use glue for a more permanent adaptation. Clip a piece of paper to the clipboard and see what your child creates!



A homemade slant board.



Pom-pom page fluffers.

- ♦ Page turners and page fluffers are used to make it easier for children to turn books' pages. Page turners stick out from the side of each page and give a child something to grip while page fluffers sit at the bottom right corner of a page and keep the pages apart so that a child can more easily separate them. Many different materials can be used for these adaptations. Popsicle sticks, large paper clips, and index tabs work well as page turners while sponge pieces, dots of hot glue (after they dry!), buttons, and small craft pom-poms are terrific page fluffers.

- ♦ **Visual supports** that pair text with pictures give your child the opportunity to make the association between the word, the picture on the card, and the activity it represents. The pairings of text and pictures is especially helpful for children with hearing impairments to learn the context and meaning of different words. Daily picture schedules or choice boards may be created for your child to select which songs they would like to sing or which books they would like to read. Be sure to verbalize what action comes next in a visual schedule and what choice the child made so that they can incorporate the sounds of the words with the text and picture.



Page turners make it easier for children to grip the pages.



The Big Mack increases participation in children with difficulty speaking

- ♦ Programming a repeated line from a story (eg. "Brown Bear, Brown Bear, what do you see?") into a BIGmack for a child allows the child to participate even if he or she cannot say the words by using a switch. It can also be programmed to say "turn the page" when the child is ready.

How to Use AT in Literacy-Promoting Activities (continued)

- ♦ A story box may be assembled for each of your child's favorite stories. The perfect story for this type of AT is a simple one that refers to objects and concepts with which your child is familiar. To create your own story box, simply collect items that your child encounters naturally or around the house and put them into a box or bag along with the book (for ideas on what to include visit [WonderBaby](#)). You may even put a tactile marker on the outside of the box along with a label so that your child will be able to identify the box and learn to associate the feel of a marker with the words and concepts found in a given story.



Perkins Panda story box kit from www.perkins.org

The ability to self-select and identify story boxes with tactile markers will help foster independent reading. As you read through the story with your child, present him or her with an item that corresponds with the words you are saying. Be sure to give only one object at a time so as to avoid overstimulation and confusion. As your child explores the object, be sure to describe it, give its name, and model its use if it has one (e.g. using a hairbrush, pretending to write with a pen, etc.). Your child may even want to act out the story with the items in the box. At the end of the story have your child clean up so that he or she knows the story is over. Clean up provides one last time to handle all of the objects.



Children use tactile books to explore textures

- ♦ Tactile books are made either from scratch or adapted to fit existing books. When making a tactile book from scratch, work with your child to create a story, thus promoting oral language and conversation. Be sure to verbalize what you are typing or writing and get your child's feedback. Ask your child questions about what comes next in the story or which characters should be

involved. Once the story is composed, glue, tape, or velcro one or two different textures on each page to correspond with the story. If a cat is in the story cut out some furry fabric but don't worry about details like a nose or eyes. Make sure that your child is familiar with the texture to avoid confusion and give it meaning. If your child is able, helping to color in pictures for the book or select materials to represent different objects throughout the story are two ways of encouraging participation. Bind the book together and read through it, making sure that your child touches each texture as you go. If modifying an existing book look at each page and decide what is most important in helping your child understand the story. Then, add a tactile element to the picture already in the book to highlight it. Again, including details is not as important as are the opportunities for your child to associate a tactile sensation with the item in the picture.

How to Use AT in Literacy-Promoting Activities (continued)



These blocks present numbers and letters in Braille, print, and ASL

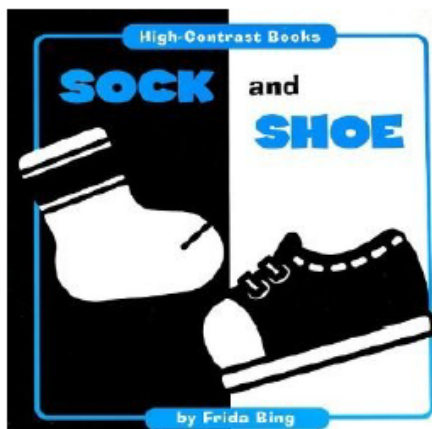
♦ Children with disabilities may have vision, hearing, or movement limitations that may be accommodated or lessened by using AT to promote literacy participation and learning. Children may also have functional limitations in mobility, using their arms and hands, communication, socialization, or problem-solving/reasoning abilities that can limit their participation and learning of literacy skills. For example, children with visual impairments may not have the same opportunities as sighted children to accidentally pair a visual stimulus with the language they hear. Or children with limited hearing may be able to see an object but be unable to pair it with language that they do not hear. Special adaptations may be made to help children develop a deeper understanding of the world around them. For example, if a child only has a visual impairment, a well-developed tactile

sense and hand strength will be necessary for future Braille reading. But, if the child also has a physical disability, more thoughtful adaptations or AT may be necessary for the child to learn to read. For example, literacy learning is likely to be multi-modal and combine specially designed visual stimuli with tactile and auditory stimuli. A touch-cue system may be a helpful way for the child to begin to understand their world and the objects and actions that are part of that world.

- ♦ Story boxes are especially helpful for children with visual impairments who need to develop a keen tactile sense that will later be used to discriminate between letters when reading Braille. Opening the box also gives your child another way to develop the hand strength that is necessary for Braille reading.



Story boxes help children develop their tactile senses for future use in Braille



High contrast pictures are much easier for children with visual impairments to see

♦ Parents can modify existing pictures in books to be black and white with thick black lines. Or parents can be careful to select books with isolated pictures that have a high contrast with the background, such as Frida Bing's series of high contrast books.

USEFUL WEBSITES

Center for Early Literacy Learning (CELL)

- Provides resources such as practice guides and reviews for parents, providers, and teachers to help children in various stages of literacy development.

American Foundation for the Blind

- Provides tips on how to promote literacy in children with impaired vision, such as how to create tactile books and adapt other materials to develop your child's tactile sense.

Family Connect

- A website devoted to helping parents of all different age ranges of children with visual impairments.

Paths to Literacy

- Offers a basic overview of literacy as connected to various stages of development and special challenges for children with visual impairments.

TNT Helpdesk

- A searchable database with suggestions on how to create your own adaptations at home for any variety of challenges.

WonderBaby

- Great ideas for stories to use with a story box and what to include in your story box

Creative Communicating

- Provides tips for how to create literacy-rich environments for children and strategies for incorporating literacy into both the home and classroom.

Stories to Read Online

- A collection of links to web-based stories and accompanying activities for children of various ages.

Please feel free to forward this newsletter to any individuals or agencies that may benefit from information on assistive technology.

Questions? Comments? Want to have the newsletter sent directly to your inbox?
Email Ela at eleonora.samarxhi@jefferson.edu

Indiana Association for Infant and
Toddler Mental Health
2013 Annual Conference

August 23, 2013 Young Children and Loss Indianapolis, IN

It is not unusual for families to experience events that are difficult for young children to understand. This includes events or experiences that result in a loss for the child, such as divorce or parental incarceration. Join us for a full day conference discussing the range of reactions of very young children to common losses. Learn how to support affected families and best help children in your care.

Audience: any professionals working with young children and families

Keynote: Parent's Perspective

Supporting the child with a
parents in prison

Assisting young children when
parents divorce or separate

Supporting young children
through family loss in primary
care settings: What can providers
do

Registration is open!

<http://mhai.net/index.php/events/register-for-events/event/7/Young-Children-and-Loss>

- Location: Riley Hospital for Children, Riley Outpatient Center, Ruth Lilly Auditorium
- Check In: 8:00 AM
- Conference: 8:30 to 4:30
- Cost: \$50
- CEUS: Social Work, Psychology
- Questions? Contact us at info@iaitmh.org

.....
Indiana Association for Infant & Toddler Mental Health
1431 North Delaware Street
Indianapolis, IN 46202
(317) 638-3501
www.iaitmh.org



A FEW WORDS ABOUT OUTCOMES AND GOALS

After many years of working in Indiana's First Steps System, many service coordinators and providers continue to struggle with the differences between IFSP Outcomes, Long and Short Term Goals and how these fit within the Office of Special Education Program's (OSEP) Child and Family Outcomes. In an effort to simplify these relationships, we have reprinted two handouts from the Early Childhood Outcomes (ECO) Center. These articles should help you see the relationship between quality practices and the OSEP Child and Family Outcomes.

Let's take a quick review....

- IFSP Outcomes are family-centered outcome statements that are based on family's identified priorities and concerns, and encourage typical developmental activities within the family routines. These outcomes truly belong to the family. While they are derived from information provided to the family from assessments, records from the child's medical home and from discussions between the family and the service coordinator. The IFSP outcome describes what the family wants for their child. While they do need to be measurable over time (within 6-12 months time), they do not need time-framed, specific measures of success. The Indiana IFSP form provides a template that adequately structures these statements. The IFSP Outcomes page also includes additional information that the IFSP team, including the family, discussed regarding who might assist in the achievement of the IFSP outcome and how they (the family) will know when the outcome has been achieved. These progress markers should not be confused with the providers short term goals, although they can be the same. Remember that while the IFSP Outcome belongs to the family, it is the foundation for the development of the IFSP services and ultimately the long and short goals that providers will develop and use to demonstrate progress towards meeting the IFSP outcomes.
- Long Term Goals (LTGs) are more specific statements, written in measurable terms that describe what the child can reasonably be expected to accomplish in a 6-12 month period, as it relates to the IFSP outcome. Providers often complain that there is a disconnect between what the parent wants for their child and what the provider feels is an appropriate long term goal for the child and/or family based on the clinical assessment of the child. In actuality, it is not that difficult to make LTGs fit within the IFSP Outcome. For example, the family chosen IFSP outcome states, "Bobby will communicate his wants and needs so that we can understand what he wants and his temper tantrums will decrease." Currently, Bobbie does not use words, he grunts and occasionally points, he has poor oral motor and tongue control and is easily frustrated when his parents do not respond to his wants. The EI provider may think that the IFSP outcome is unrealistic and one that they cannot possibly work with it. However, working within a 6-12 month timeline, the provider could develop a LTG that states, "Bobbie will use a communication board with 6 pictures and will use 5 signs to express his wants at least 50% of the time". In this way, the EI provider is working towards the IFSP outcome.
- Short Term Goals (STGs) are measurable, intermediate steps between present levels of performance and the LTGs. In the above example, short term goals might include, 1) development of a communication board with 2 pictures that Bobby will use consistently (75% of the time). 2) Introduce 2 signs for common needs (drink, eat) that Bobby will use consistently (75% of the time). Once these short term goals are accomplished, they can be increased or modified based on Bobbie's progress.
- OSEP Child Outcomes are measured using the child's initial AEPS assessment compared to AEPS assessment near the end of services for children who have been in First Steps for at least 6 months. The child's score at the end of services is compared to near age peers to determine if the child made progress and if that progress is comparable to same age peers. The scores of all children exiting First Steps in a fiscal year are summarized into 2 overall progress summary statements. (Refer to pages 13 and 14).
- OSEP Family Outcomes are measured using the family exit surveys. Questions in these surveys are used to determine if families know and understand their rights, can communicate their child's need and know how to help their child develop and learn.
- The child and family outcomes are reported on the OSEP Annual Progress Report. Currently, it is difficult to measure Indiana's success against other comparable states because states are free to choose how they measure these outcomes. For the child outcomes, the majority of states utilize a child outcome summary form (COSF) that was developed by the ECO Center, while others, like Indiana use the AEPS or other state determined assessment tool. For the family outcomes, states may also determine which tool they will use. Indiana used the ECO Center Family Exit Survey for this measure.

At a Glance: Child & Family Outcomes

Child Outcomes

States are required to report on the percentage of infants and toddlers with Individualized Family Service Plans (IFSPs) or preschool children with Individualized Education Plans (IEPs) who demonstrate improved:

1. Positive social-emotional skills (including social relationships);
2. Acquisition and use of knowledge and skills (including early language/communication [and early literacy]); and
3. Use of appropriate behaviors to meet their needs.

Positive social emotional skills (including social relationships). This outcome involves relating to adults, relating to other children, and for older children, following rules related to groups or interacting with others. The outcome includes concepts and behaviors such as attachment/separation/autonomy, expressing emotions and feelings, learning rules and expectations in social situations, and social interactions and social play.

Acquisition and use of knowledge and skills (including early language/communication/early literacy). This outcome involves activities such as thinking, reasoning, remembering, problem solving, number concepts, counting, and understanding the physical and social worlds. It also includes a variety of skills related to language and literacy including vocabulary, phonemic awareness, and letter recognition.

Use of appropriate behaviors to meet their needs. This outcome involves behaviors like taking care of basic needs, getting from place to place, using tools (such as forks, toothbrushes, and crayons), and, in children 24 months or older, contributing to their own health, safety, and well-being. It also includes integrating motor skills to complete tasks; taking care of one's self in areas like dressing, feeding, grooming, and toileting; and acting on the world in socially appropriate ways to get what one wants.

Ultimate goals for early intervention and early childhood special education:

For children...

to enable young children to be active and successful participants during the early childhood years and in the future in a variety of settings – in their homes with their families, in child care, preschool or school programs, and in the community.

For families ...

to enable families to provide care for their child and have the resources they need to participate in their own desired family and community activities.



The Early Childhood Outcomes Center
<http://www.the-eco-center.org> November 2010

Progress Categories

For OSEP, states are required to report on the percentage of children in five categories of progress for each of the three child outcomes (percentage in 5 categories X 3 outcomes = 15 numbers the state reports):

- a. Children who did not improve functioning.
- b. Children who improved functioning but not sufficient to move nearer to functioning comparable to same aged peers.
- c. Children who improved functioning to a level nearer to same aged peers but did not reach it.
- d. Children who improved functioning to reach a level comparable to same aged peers.
- e. Children who maintained functioning at a level comparable to same aged peers.

States must report progress category information on children who receive services in the state for 6 months or more. Progress category information on all 3 outcomes is required for each child, regardless of the child's reason for eligibility.

Summary Statements

For OSEP, states are required to convert information from the progress categories into two summary statement percentages for each of the three child outcomes:

Summary Statement 1: Of those children who entered the program below age expectations, the percent who substantially increased their rate of growth by the time they exited the program. (State derives a percentage for each child outcome area.) *Formula:* $[(c + d)/(a + b + c + d)] \times 100$, where letters represent the actual number of children in each progress category group.

Summary Statement 2: The percent of children who were functioning within age expectations in each Outcome by the time they exited the program. (State derives a percentage for each child outcome area.) *Formula:* $[(d + e)/(a + b + c + d + e)] \times 100$, where letters represent the actual number of children in each progress category group.

Family Outcomes

Based on an extensive stakeholder process, the ECO Center identified the following five outcomes as desired outcomes for all families participating in early intervention:

- Families understand their child's strengths, abilities, and special needs.
- Families know their rights and advocate effectively for their children.
- Families help their child develop and learn.
- Families have support systems.
- Families access desired services, programs, and activities in their community.

OSEP Part C Reporting Requirements Related to Families

For Part C, states are required to report the percentage of families participating in Part C who report that early intervention services have helped the family:

- Know their rights
- Effectively communicate their children's needs
- Help their children develop and learn

State Performance Plan Indicator 3 with FFY11 Annual Progress Report Data

Summary Statements	FFY 2011 Target % of chil- dren	Actual FFY 2011 (% of children)
Outcome A: Positive social-emotional skills (including social relationships)		
1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they exited the program. Formula: $c+d / a+b+c+d$ *(see next page)	53%	50% (n= 6142)
2. The percent of children who were functioning within age expectations in Outcome A by the time they exited the program. Formula: $d+e / a+b+c+d+e$ *	51%	49% (n= 6142)
Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)		
1 Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they exited the program. Formula: $c+d / a+b+c+d$ *	58%	56% (n= 6142)
2. The percent of children who were functioning within age expectations in Outcome B by the time they exited the program. Formula: $d+e / a+b+c+d+e$ *	70%	69% (n= 6142)
Outcome C: Use of appropriate behaviors to meet their needs		
1 Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they exited the program. Formula: $c+d / a+b+c+d$ *	55%	53% (n= 6142)
2. The percent of children who were functioning within age expectations in Outcome C by the time they exited the program. Formula: $d+e / a+b+c+d+e$ *	63%	63% (n= 6142)

Discussion of Summary Statements and “a-e” Progress Data for FFY 2011:

The data reported for FFY 2011 represents 99% of the children receiving early intervention services for a minimum of six months (N=6,185). It is estimated that this year’s progress data is highly representative of the children the program services. In addition, the quality of the data and data analyses reflect several years of implementing and refining the current system for collecting and analyzing the data.

Comparing this year’s results with last year’s (FFY 2010), there were 1-5% increases in all measures except Outcome B.1, which experienced a decrease of 3%. The increases serve to correct a drop noted in FFY 2010. While the increases are a positive sign for the First Steps Early Intervention Program, continued improvement is needed to address program targets. The state continues to strive to demonstrate improvement in addressing program targets.

Editor’s note—You can access the full FFY11 Annual Progress Report on the state website at <http://www.in.gov/fssa/ddrs/2812.htm>

Data for the Summary Statements formulas* are derived by comparison of the initial and exit AEPS scores for children who received at least six months of early intervention services. When converting the AEPS scores to the OSEP's "a-e" categories, Indiana uses the following conversion:

- a. Children who did not improve functioning are calculated based on no changes in or a drop in the standard deviation scores and progress noted as "no."
- b. Children who improved functioning but not sufficient... is calculated for children with an exit score $\geq -1.5SD$ and progress noted as "yes."
- c. Children who improved functioning to a level nearer... is calculated for children with an exit score $= -1.0SD$ and progress noted as "yes."
- d. Children who improved functioning to a level comparable ... is calculated for children with an exit score $= 0SD$, and entry score $\geq -1SD$ and progress noted as "yes."
- e. Children who maintained functioning at a level comparable... is calculated for children with both entry and exit scores $= 0SD$ and progress noted as "yes."

A. Positive social-emotional skills (including social relationships):	Number of children	% of children
a. Percent of children who did not improve functioning	98	1.6%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	2467	40.2%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	563	9.2%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	1965	32.0%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	1049	17.1%
Total	6142	100.0%
B. Acquisition and use of knowledge and skills (including early language/communication and early literacy):	Number of children	% of children
a. Percent of children who did not improve functioning	90	1.5%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1250	20.4%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	554	9.0%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	1123	18.3%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	3125	50.9%
Total	6142	100.0%
C. Use of appropriate behaviors to meet their needs:	Number of children	% of children
a. Percent of children who did not improve functioning	77	1.3%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1756	28.6%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	469	7.6%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	1616	26.3%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	2224	36.2%
Total	6142	100.0%

Relationship of Quality Practices to Child and Family Outcome Measurement Results

Anne Lucas, Kathi Gillaspy, Joicey Hurth and Christina Kasprzak
with support and assistance from Betsy Ayankoya, Grace Kelley, and Jim Henson

The purpose of this document is to assist states in identifying ways to improve results for children and families participating in Part C early intervention services through implementation of quality practices. The table below lists key quality practices that, when implemented, will have direct impact on child and family outcomes. The key quality practices selected were based upon the *Agreed Upon Practices for Providing Early Intervention Services in Natural Environments*, a consensus document developed by a Workgroup on Principles and Practices in Natural Environments (February 2008 sponsored by an OSEP TA Community of Practice – Part C Settings: <http://www.nectac.org/topics/families/families.asp>) and from the Basic Guidelines for personnel preparation from the Division of Early Childhood's *Personnel Standards for Early Education and Early Intervention: Guidelines for Licensure in Early Childhood Special Education* (DEC Recommended Practices in Early Intervention/Early Childhood Special Education, 2000). Although all quality practices identified in these 2 documents potentially impact child and family outcomes, only key quality practices that either have the most direct impact on the specific outcomes (indicated with a star) or have a lesser, yet still direct, impact on specific outcomes (indicated with a check mark) are included in the table below.

States might use this document in a variety of ways including:

- **Analyzing local early intervention program child and family outcome data to determine where improvement in program practices might be needed** - For example, one local early intervention program's data might reflect that families are consistently reporting that the program has not assisted them in knowing their rights. The state could subsequently request the program to review whether or not those key quality practices identified as impacting the parent's knowledge of rights are being implemented as intended. Improvement activities around those quality practices that are not being implemented as expected could be developed.
- **Analyzing statewide child and family outcome data and developing statewide improvement activities** - A state might find that data related to children meeting their needs does not meet their statewide target. In reviewing local early intervention program data, the state discovers that several key practices are consistently not happening (IFSP outcomes and strategies are focused on test items and skills rather than being functional; a child's progress toward meeting child outcomes are not reviewed as part of service delivery visits). As a result, the state develops improvement activities to address these areas of practice that impact results.
- **Orienting local early intervention programs/providers to the expected practices needed to improve child and family outcomes** – States and/or local early intervention programs might review and jointly discuss the indicators and related practices as the basis for orienting early intervention providers and improving understanding about what practices are expected to improve the results of child and family outcomes.

- **Conducting a self-assessment of statewide and/or local performance on each of the indicators and related practices** – The state and/or local early intervention programs can use this document as a self-assessment of the degree to which they are implementing the practices for each indicator. Space has been provided for documentation of reflections and comments.

States and local early intervention programs are encouraged to use this document in any way that they deem appropriate. Revisions to the document are acceptable and ideas for improving the document are welcome.

Effective Practices	Family Outcomes			Child Outcomes		
	Know rights	Communicate Child's Needs	Help Child Develop & Learn	Relate to Others	Use Knowledge & Skills	Meet Needs
1. Communicate with the family about the purpose of EI and reflect the following focus throughout the IFSP process and ongoing intervention: "Early intervention provides supports and services to assist families and caregivers in enhancing their child's learning and development to assure his or her successful participation in home and community life."						
• Describe the rationale for services in natural environments, and that children learn best when interested and engaged in everyday experiences and interactions with familiar people.			√			
• Explain the 3 global functional child outcomes and family outcomes including their relationship to the purpose of EI how the child outcomes can be used for designing strategies to help children successfully participate in natural learning environments.	√	√	√	√	√	√
• Balance listening to the family with sharing information.		√				
• Explain how family members are experts in understanding their child and family circumstances and interests.		√	√			
• Let the family know that you are interested in exploring their concerns and working with them to find solutions.		√	√			
• When discussing supports, ask the family if they would like to be put in contact with other families in early intervention or family organizations that offer support.	√	√	√			
• Describe each step of the IFSP process, including its purpose, and what service delivery might look like.		√	√			
<u>Reflections and Comments:</u>						

Effective Practices	Family Outcomes			Child Outcomes		
	Know rights	Communicate Child's Needs	Help Child Develop & Learn	Relate to Others	Use Knowledge & Skills	Meet Needs
2. Gather information from the family regarding: their interests; important people and places in their lives; their concerns, priorities, and resources; and what's working/what's challenging in participating in everyday routines and activities. (NOTE: Gathering information from the family occurs overtime and prior information is reviewed and revisited with the family throughout the IFSP process).						
<ul style="list-style-type: none"> Discuss how information gathered from the family is used in planning the assessment and in developing IFSP outcomes, strategies and services. 	√	√	√	√	√	√
<ul style="list-style-type: none"> Use open-ended questions that encourage the family to share their thoughts and concerns; ask strength- and interest-based questions. 		★	√			
<ul style="list-style-type: none"> Discover family preferences for sharing and receiving information as well as the family's teaching and learning strategies they prefer to use with their child. 		√	√			
<ul style="list-style-type: none"> Begin gathering functional information about the child's participation in everyday activity settings within routines and across settings using the 3 global outcomes. 		√	√	√	√	√
<u>Reflections and Comments:</u>						
3. Throughout the IFSP process and ongoing intervention, provide written prior notice at all appropriate times, obtain parent consent for evaluation/assessment and IFSP services, and ensure procedural safeguards are fully explained.						
<ul style="list-style-type: none"> At intake, explain how EI has rules and procedures that providers must follow. 	√					
<ul style="list-style-type: none"> At intake, review with the family procedural safeguards provided in the program materials and inform them you will review them at different points throughout the process. 	★					
<ul style="list-style-type: none"> At intake, explain confidentiality. Make sure that the family knows they should only share information they are comfortable sharing. 	★					
<ul style="list-style-type: none"> When explaining procedural safeguards, ask the family if they have any questions and if information is clear and understandable. Ask, "Do you have any questions about why we need to do it this way?" 	√					
<u>Reflections and Comments:</u>						

Effective Practices	Family Outcomes			Child Outcomes		
	Know rights	Communicate Child's Needs	Help Child Develop & Learn	Relate to Others	Use Knowledge & Skills	Meet Needs
4. Evaluate and assess the functional needs and strengths of the child in all areas of development and the child's functional performance in the 3 global outcomes, to identify needs and appropriate services to meet those needs.						
<ul style="list-style-type: none"> Ask engaging questions that invite the family to share their perspective and use prompts and observations to encourage the family to describe their child's behavior, skills, engagement, and functional participation across settings and situations. 		√	√	√	√	√
<ul style="list-style-type: none"> Help the family decide how they want to participate in their child's evaluation and assessment. 	√	√				
<ul style="list-style-type: none"> Make a list with the family of specific questions they would like answered. 		√	√			
<ul style="list-style-type: none"> Inform the family that information they share about their child's skills is very important since they see their child in multiple settings and over time. 		√	√			
<ul style="list-style-type: none"> Use multiple procedures including parent report, observations of children in typical routines, formal and informal assessment tools, and clinical judgment when conducting evaluation and assessment. 		√	√	√	√	√
<ul style="list-style-type: none"> Summarize assessment results in terms of the child's social relationships, use of knowledge and skills, and taking actions to get his or her needs met in everyday routines and activities across settings and situations and compare child's skills and abilities to age expectations. 			√	√	√	√
<u>Reflections and Comments:</u>						
5. The family and early intervention providers collaboratively review information obtained through parent interview and child assessment and identify functional, measurable and developmentally appropriate IFSP outcomes (for child and family) that: a) focus on participation in everyday routines and activities; b) are based on family concerns, priorities, and interests; and c) are developmentally appropriate and reflect the child's functioning across settings.						
<ul style="list-style-type: none"> Explain that the family is an equal member of the early intervention team and the various roles that the family might play in the IFSP meeting. 	√	√	√			
<ul style="list-style-type: none"> Ask the family who they would like to invite to the IFSP meeting. 	√					
<ul style="list-style-type: none"> Assure that the synthesis of present levels of the child's development across all domains is functional and focused on skills, strengths, and behaviors 		√	√	√	√	√

Effective Practices	Family Outcomes			Child Outcomes		
	Know rights	Communicate Child's Needs	Help Child Develop & Learn	Relate to Others	Use Knowledge & Skills	Meet Needs
across settings rather than a recap of test scores.						
<ul style="list-style-type: none"> Highlight information about how the child relates to others, uses knowledge and skills and gets his/her needs met in these activities and how this information is used to develop meaningful and functional IFSP outcomes. Give concrete examples: "During the assessment process, you said you want Johnny to sit at the table with your family and eat finger foods. If we pick this as an IFSP outcome, it will be one way that Johnny is learning how to appropriately get his needs met." 				√	√	√
<ul style="list-style-type: none"> Discuss the outcomes the family wants to work on to enhance the child's development, engagement, social relationships, and independence in family and community routines and activities. 			√	√	√	√
<ul style="list-style-type: none"> Discuss the family outcomes that they want to include. 			√	√	√	√
<ul style="list-style-type: none"> Write outcomes using active language that describe a desired and measurable end result including what the routine/activity/behavior should look like and where/when/with whom it should occur. 		√	√	√	√	√
<u>Reflections and Comments:</u>						
6. The family and early intervention providers collaboratively identify strategies/activities and the necessary services and supports to achieve outcomes and enhance participation and learning in natural environments by: a) enhancing the family's capacity in supporting their child's learning and development between visits; b) building on the interests and strengths of the child and family; and c) designing frequency, intensity, and method for each service to be reasonable and not burdensome to the family.						
<ul style="list-style-type: none"> Emphasize how caregivers and providers will work together, and who will do what. 			√	√	√	√
<ul style="list-style-type: none"> Identify strategies that enhance the child's natural learning opportunities; use toys, materials, interactions and various locations that are familiar and of interest to the child and family. 		√	√	√	√	√
<ul style="list-style-type: none"> Incorporate family strengths into strategies and activities that the family is comfortable implementing or put in place plans on how to build those skills. 			√	√	√	√
<ul style="list-style-type: none"> Consider the need for assistive technology or other adaptations to enhance the child's participation in targeted daily routines and activities. 			√	√	√	√

Effective Practices	Family Outcomes			Child Outcomes		
	Know rights	Communicate Child's Needs	Help Child Develop & Learn	Relate to Others	Use Knowledge & Skills	Meet Needs
<ul style="list-style-type: none"> Remind the family and the other team members that the family can accept or reject any service at any time and still participate in other early intervention services. 	√					
<ul style="list-style-type: none"> Ensure inclusion of measurable, functional criteria that any team member could use to review progress toward achieving IFSP outcomes. 		√		√	√	√
<u>Reflections and Comments:</u>						
7. During each early intervention visit, use the IFSP and discussions with the family about what worked/what was challenging since the prior visit to decide the priorities for and focus of the visit including: a) assisting the family in problem solving issues and challenges; and b) assisting the family in identifying naturally occurring learning opportunities.						
<ul style="list-style-type: none"> Before each visit, reflect on your own beliefs and values and how they might influence your suggestions and strategies with the family or caregiver. Behave as a guest in the family's home. 			√	√	√	√
<ul style="list-style-type: none"> Listen, observe, model, teach, coach and/or join the ongoing interactions of the family and child. 			√	√	√	√
<ul style="list-style-type: none"> Begin each visit by asking open-ended questions to identify significant family events or activities and how well planned routines and activities have been going. 		★	√			
<ul style="list-style-type: none"> Encourage the family to observe and assess the child's skills, behaviors, and interests, a continual part of on-going functional assessment. 		★	★	√	√	√
<ul style="list-style-type: none"> Reinforce the family on the strategies they use that support their child's learning, giving specific examples. 		√	★	√	√	√
<ul style="list-style-type: none"> Ask if there are any new issues and concerns the family wants to talk about. Explore if these concerns need to be address as new IFSP outcomes; if so, plan an IFSP review. 		★				
<ul style="list-style-type: none"> Discuss and record family observations, on-going assessment information, and progress related to the 3 global functional child outcomes. 		√	√	√	√	√
<u>Reflections and Comments:</u>						

Effective Practices	Family Outcomes			Child Outcomes		
	Know rights	Communicate Child's Needs	Help Child Develop & Learn	Relate to Others	Use Knowledge & Skills	Meet Needs
8. During each intervention visit, participate with the family or caregivers and the child in activities and /or routines as the context for promoting new skills and behaviors.						
<ul style="list-style-type: none"> Apply knowledge of current research and evidenced based practices in early intervention to the development and implementation of strategies and interventions with the child and family (e.g., participatory learning, strength and asset-based interventions, interest-based learning, parent-mediated practices, coaching practices, resource-based interventions, relationship-based intervention, responsive care-giving) 		★	★	★	★	★
<ul style="list-style-type: none"> Plan and match learning experiences, strategies and adaptations to individual characteristics of the child and family (e.g., work with Jason's aunt to help her feel more comfortable with him during bath time, so his mom can give his twin, Jack more attention). 			★	★	★	★
<ul style="list-style-type: none"> Identify and implement strategies that enhance the child's participation in natural learning opportunities across routines and community settings. 		√	★	★	★	★
<ul style="list-style-type: none"> Use toys, materials, interactions and locations that are familiar, of interest to, and motivating for the child and family during intervention (e.g., help the mother get comfortable feeding the baby in different parts of the house so that they don't feel isolated from the rest of the family). 			★	★	★	★
<ul style="list-style-type: none"> Support and facilitate family and child interactions as primary contexts for learning and development (e.g., 5 year old brother crawls along the floor with toddler to find objects during playtime). 			★	★	★	★
<ul style="list-style-type: none"> Support parents' and caregivers' ability to implement strategies and activities within everyday routines and activities. 			★	★	★	★
<ul style="list-style-type: none"> Incorporate family strengths into strategies and activities that the family is comfortable implementing or put in place plans how to build those skills. 			√	√	√	√
<ul style="list-style-type: none"> Implement different strategies to support parents and caregivers, including modeling, problem solving, coaching and demonstration, based on individual child needs and parents' priorities. 			★	★	★	★
<u>Reflections and Comments:</u>						

Effective Practices	Family Outcomes			Child Outcomes		
	Know rights	Communicate Child's Needs	Help Child Develop & Learn	Relate to Others	Use Knowledge & Skills	Meet Needs
9. Jointly revise, expand, or create strategies, activities or routines to continue progress toward achieving IFSP outcomes and address any new family concerns or interest.						
• Support and encourage family decisions.		√				
• Focus recommendations on promoting child's participation in everyday family and community life.				√	√	√
• Together, plan next steps and/or revise activities and strategies to build on the child's and family's interests, culture, enjoyment, strengths and, to the extent appropriate, move the child toward age expected skills and behaviors.			√	√	√	√
• Try out new strategies or activities to be sure family members or caregivers can do them on their own.			★	√	√	√
• Determine if and what type of support from other team members is needed for the next steps.				√	√	√
• Update the IFSP to reflect any changes in strategies, supports, activities and referrals.				√	√	√
<u>Reflections and Comments:</u>						
10. As a team, jointly review IFSP outcomes and services (including frequency and intensity) through periodic IFSP reviews or annual IFSP meetings (and revise as necessary).						
• Review with the family questions, recommendations, or suggestions they wish to discuss with other service providers.		√				
• Conduct the review meeting and evaluate progress toward IFSP outcomes and the child's progress in the 3 global outcome areas. Ensure all IFSP outcomes, services, and supports are still needed, current and accurate. Make additions and revisions as needed.				√	√	√
• Discuss with the family their perspective about their ability to communicate their child's needs, help their child develop and learn, and know their rights. Identify any additional supports and resources that are needed to enhance the family's confidence and competence.	√	√	√			
<u>Reflections and Comments:</u>						

Effective Practices	Family Outcomes			Child Outcomes		
	Know rights	Communicate Child's Needs	Help Child Develop & Learn	Relate to Others	Use Knowledge & Skills	Meet Needs
11. Identify transition issues and discuss steps to prepare the family for choices / options at different transition points and to prepare the child for participating in the new setting when transition occurs.						
<ul style="list-style-type: none"> Assure that the family understands the timeframe for transition from early intervention and when transition planning should occur. 	√					
<ul style="list-style-type: none"> Early in the relationship with the family, have conversations about what they want for their child's future after the early intervention program ends. 		√				
<ul style="list-style-type: none"> Develop a transition plan which includes the outcomes and activities to prepare the child and family for success after early intervention. 			√	√	√	√
<ul style="list-style-type: none"> Discuss and provide written information about all options available to children and families at age three. Assist the family to explore and visit these options. 		√				
<ul style="list-style-type: none"> Jointly review the IFSP and revise/add outcomes and strategies based on these discussions. 				√	√	√
<ul style="list-style-type: none"> Summarize and discuss all assessment information, including parent observations, by describing how the child is functions in the 3 global child outcomes across situations and settings and compare to age expectations. 		√	√	√	√	√
<u>Reflections and Comments:</u>						

UTS TRAINING OPPORTUNITIES

New FSCT - Early Intervention in Child Care: The IACCRR Inclusion Specialist Can Help!

This half day training will include an overview of ADA for child care, roles and responsibilities for Inclusion Specialists and First Steps providers and service coordinators. Topics include working with child, peers and teacher, discussion of IFSP, progress reports and face-to-face forms left at visits and a discussion the FS required parent sessions. The training will utilize the Connect Series videos to demonstrate best practices. Fee is \$30.

North - October 9, 2013 from 9am to 12noon at the Logan Center in South Bend, IN.

South - October 30, 2013 from 9am to 12 noon at the Community Center in Ferdinand, IN

Central - November 20, 2013 from 9am to 12 noon at ProKids, Inc. Indianapolis, IN

Linking the AEPS to ISFP Outcomes, Goals, Strategies and Activities

Jennifer Grisham-Brown, Ed.D., Professor - University of Kentucky

September 26, 2013 * 9am to 4pm * Easter Seals Crossroads, Indianapolis

Learn how to use the child's AEPS assessment to write IFSP outcomes, long and short term goals and then develop strategies and activities that will assist the child and family to meet these outcomes and goals. The **AEPS Curriculum for Birth to Three Years** uses the same numbering system as the **AEPS Test**, users can easily locate activities in the curriculum that correspond to specific goals and objectives identified with the test. Fee is \$95, **Participants will receive a copy of the AEPS Volume 3: Curriculum - Birth to Three Years, a \$65 value.**



Participants will learn:

- guidelines on designing and implementing intervention
- specific activity-based instructional sequences for each developmental area
- teaching considerations and suggestions for each area
- recommendations for environmental arrangements
- strategies for incorporating the activities into the child's daily routine



Register at www.utsprokids.org

ALL ABOUT CHILD ABUSE & NEGLECT

Abigail Klemsz, MD and Angela Tomlin, PhD, HSPP

October 24, 2013 * Marten House, Indianapolis

The conference will explore the physical and social-emotional aspects of child abuse and neglect. The training will also address reporting issues - who must report, when to report, what happens after a report is made. More information to follow in the next edition of the Training Times or online at www.utsprokids.org.

Coming Soon.... It's a NEW, NEW, NEW Website for UTS - ProKids



The address remains the same - www.utsprokids.org, but all new features will be arriving in late summer. More information will follow as the new site is developed. We appreciate your patience as we work through its development and the transfer of everyone's training data.

RESOURCE ROUND-UP

These links are offered for those who wish to delve deeper into related IDEA, Part C and other infant-toddler resources. Their content is **NOT** included in the May Training Times Assessment.

1. New Video to Improve Early Recognition of Autism Spectrum Disorders in Very Young Children Source: Kennedy Krieger Institute and American Academy of Pediatrics - June 11, 2013

The Kennedy Krieger Institute and Maryland Chapter of the American Academy of Pediatrics (AAP) have published a free online video to improve the recognition of the early signs of autism spectrum disorders (ASDs) among pediatricians, parents and early intervention providers. [Bringing the Early Signs of Autism Spectrum Disorders Into Focus](#) (2013, runtime 9:03 minutes) consists of six video clips that compare toddlers with no signs of ASD to toddlers with early signs of ASD and includes an explanation of how the specific behaviors exhibited by each child are either suggestive of ASD or typical child development. Learn [more about the video](#) here.

2. Three New "Backpack Connection" Resources for Teachers and Families to Help Young Children Develop Social Emotional Skills Source: Technical Assistance Center on Social Emotional Intervention for Young Children - June 13, 2013

The Technical Assistance Center on Social Emotional Intervention for Young Children (TACSEI) recently added several new items to its [Backpack Connection Series](#). The first two are in the "Addressing Behaviors" section of the series and the third one is in the "Routines and Schedules section.

[How to Help Your Child Stop Biting](#)

[How to Help Your Child Recognize and Understand Jealousy](#)

[How to Help Your Child Have a Successful Bedtime](#)

The Backpack Connection Series provides a way for teachers and parents/caregivers to work together to help young children develop social emotional skills and reduce challenging behavior. Teachers can send a handout home in each child's backpack when a new strategy or skill is introduced to the class. Each handout provides information to help parents stay informed about what their child is learning at school and specific ideas on how to use the strategy or skill at home.

3. The State of the World's Children 2013: Children with Disabilities Source: United Nations Children's Fund - Retrieved June 5, 2013

The United Nations Children's Fund (UNICEF) has released its latest annual report examining key issues affecting children around the world. This year's report focuses on children with disabilities, finding that these children are often the most marginalized individuals in the world. [The State of the World's Children 2013: Children with Disabilities](#) (May 2013) examines the barriers that deprive children with disabilities of their rights and prevent them from participating fully their communities. The report also discusses key elements of inclusive societies that enable children with disabilities to flourish and make their contribution to the world.

4. Research Briefs on Applying Implementation Science to Early Care and Education Research and Evaluation

Source: Office of Planning, Research and Evaluation, U.S. Department of Health and Human Services - June 6, 2013

On June 6, 2013, the U.S. Department of Health and Human Services' Office of Planning, Research and Evaluation (OPRE) posted the following three research briefs on their Web site. The briefs are meant to help facilitate the use of implementation science frameworks, methodologies, and analysis in early care and education research and program evaluation.

[Measuring the quality and quantity of implementation in early childhood interventions](#) (2013) OPRE Research Brief OPRE 2013-12, by Jason Downer and Noreen Yazejian.

[Intervention dosage in early childhood care and education: It's complicated](#) (2013) OPRE Research Brief OPRE 2013-15, by Barbara Wasik, et al.

[Measuring implementation of early childhood interventions at multiple system levels](#) (2013) OPRE Research Brief OPRE 2013-16, by Amy Susman-Stillman, Shannon B. Wanless, and Christina Weiland.

The briefs are a product of the [Child Care and Early Education Policy and Research Analysis and Technical Expertise Project](#).